

CITY OF NORWALK
APPLICATION FOR ZONING PERMIT
38 WHITTLESEY AVENUE
NORWALK, OHIO 44857

Office Use Only:

Permit No. _____

Date Issued _____

ZONING PERMIT APPLICATION

APPLICANT NAME _____

Is applicant the owner of record? Yes or No (circle one)

IMPORTANT: Applicant must complete all items in sections I, II, III and IV to be considered a complete application.

I. LOCATION OF BUILDING

AT (ADDRESS) _____

ZONING DISTRICT _____

LOT SIZE _____

PARCEL NUMBER _____

II. TYPE AND COST OF BUILDING (MUST COMPLETE PARTS A-E)

A. TYPE OF IMPROVEMENT

- New Residential Building
- Residential Addition
- Residential Alteration
- New Commercial Building
- Commercial Addition
- Commercial Alteration
- Electrical
- Garage
- Garage Addition
- Utility Building
- House Moving
- Demolition
- Home Occupation
- Temporary Sales

B. OWNERSHIP

- Private (Individual, Corporation, Non-Profit Institution, etc.)
- Public (Federal, State or Local Government)
- School
- Church

C. USE OF PROPOSED IMPROVEMENT (if demolition, what was the most recent use)

RESIDENTIAL

- One Family
- Two or More Family
of Units _____
- Transient hotel, motel or dormitory
of Units _____
- Garage _____
- Carport _____
- Other
Specify _____

NON-RESIDENTIAL

- Amusement, Recreational
- Church, Other Religious
- Industrial
- Parking Garage
- Service Station, Repair Garage
- Hospital, Institutional
- Office, Bank, Professional
- Public Utility
- School, Library, Other Educational
- Stores, Mercantile
- Tanks, Towers
- Other
Specify _____

D. For proposed non-residential uses - describe in detail the proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building or industrial plant. If use of existing building is being changed, enter proposed use.

E. COST

(Omit Cents)

Total Cost of Improvement (including labor) \$ _____

III. SELECTED CHARACTERISTICS OF BUILDING/IMPROVEMENT - for new buildings and additions, complete Parts F-M; for demolition complete only Part K; for all others skip to IV

F. PRINCIPAL TYPE OF FRAME

- Masonry (wall bearing)
 - Wood Frame
 - Structural Steel
 - Reinforced Concrete
 - Other
- Specify _____

G. PRINCIPAL TYPE OF HEATING

- Gas
 - Oil
 - Electricity
 - Coal
 - Other
- Specify _____

H. TYPE OF SEWAGE DISPOSAL

- Public or Private Company
- Private (Septic Tank, etc.)

I. TYPE OF WATER SUPPLY

- Public or Private Company
- Private (Well, Cistern)

J. TYPE OF MECHANICAL

Will there be central air conditioning? Yes or No (Circle One)

Will there be an elevator? Yes or No (Circle One)

K. DIMENSIONS

Number of Stories _____

Total SQ. FT. of Floor _____

Area, All Floors, Based on _____

Exterior

Total SQ. FT. Land _____

Area

L. OFF-STREET PARKING

of Enclosed Spaces _____

of Outdoor Spaces _____

M. RESIDENTIAL BUILDINGS ONLY

of Bedrooms _____

of Full Bathrooms _____

of Partial Bathrooms _____

IV. SCOPE OF WORK

SITE OR PLOT PLAN (Diagram of Improvement; Attach Plans/Pictures if Necessary)

DESCRIPTION OF WORK (IN WORDS)

V. EXAMINERS NOTES (OFFICE USE ONLY)

Zone	_____
Lot Area	_____
Frontage	_____
Front Setback	_____
Rear Setback	_____
Side Setback	_____
Square Footage	_____
Height	_____

IDENTIFICATION

_____ Property Owner Signature	_____ Mailing Address	_____ Phone #
_____ Lessee Signature	_____ Mailing Address	_____ Phone #
_____ Contractor Signature	_____ Mailing Address	_____ Phone #
_____ Architect or Engineer Signature	_____ Mailing Address	_____ Phone #

Under penalty of falcification, Ohio Revised Code Section 2921.13, I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. Contractors, Architects and Engineers ***must*** also complete a Construction Affidavit.

_____ Signature of Applicant	_____ Mailing Address	_____ Phone #
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Application Fee is based on the type of improvement. Please see the Zoning Fee Schedule or contact the Zoning Department for additional information as the fee must accompany the application.

ARCHITECTURAL REVIEW BOARD ASSESSMENT

Does this location fall in the Architectural District? yes or no (circle one)
If yes, it is recommended that the applicant complete an Application for Certificate of Appropriateness to be presented before the Architectural Review Board.

VALIDATION (Office Use Only)

_____ Approved by	Notes/Comments:
_____ Title	
_____ Date	